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Some Aids in Home Nursing

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We believe firmly that no untrained person is equipped to make a diagnosis or to prescribe medicine and treatment, but we hope through these pages to assist the home nurse in following the physician's instructions in helping a member of her household to get well.

The University of Nebraska Agricultural College Extension Service
and United States Department of Agriculture Cooperating
W. H. Brokaw, Director, Lincoln

*Approved by Dr. J. Stanley Welch, Chairman,
Nebraska State Medical Association Committee
Medical Education in Hospitals, and Mrs. Gladys
G. Smits, President, Nebraska State Nurses'
Association.*

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(10-32-20M)

Some Aids in Home Nursing

BY SARAH PORTER ELLIS

Homemakers are sometimes called upon to act as nurses for members of their families. This occurs in spite of the fact that many people are making a special effort to follow proper health habits, and homemakers are planning their daily menus to include foods necessary for good health.

Often a patient's return to health depends very definitely upon the type of nursing which he receives. Yet, many families do not find it financially possible to have the services of a trained nurse. Furthermore, many families live too far from cities in which they might avail themselves of the services of public health or visiting nurses. This circular has been prepared to assist homemakers in these positions or those whose patients are ill enough to remain in bed but not sufficiently ill to require the services of a trained nurse.

We do not attempt to present here a complete manual of nursing, but only to discuss a very few of the ordinary services which the home nurse may perform for her patient. We believe firmly that no untrained person is equipped to make a diagnosis or to prescribe medicine and treatment, but we hope through these pages to assist the home nurse in following the physician's instructions in helping a member of her household to get well.

THE SICK ROOM, ITS CONDITION AND FURNISHINGS

Most homes have not been designed or furnished with the idea in mind of using any parts of them as hospital rooms. If a selection of rooms for the sick is possible, however, the homemaker should keep in mind that the chief requirements are "good light, good air, cleanliness, and quiet".

It is well to relieve the home nurse of unnecessary work when her strength needs to be conserved for her nursing duties. All "dust catchers"—unnecessary articles of decoration on walls, dresser, or table—should be removed. This will serve as an extra measure of safety in cases of infectious diseases.

It is very helpful, too, for the home nurse to have all unnecessary furniture removed from the sick room. Not only will this make her work easier, but it will tend to discourage family gatherings in the room. Such family gatherings are undesirable from the standpoint of the welfare of the patient. No patient ought to have more than two visitors at a time. In case of contagious disease, they tend to spread the disease. If the room is furnished with upholstered chairs, it may be best to exchange them for plain wooden ones which can be washed easily.

Confusion is also lessened if garments of other members of the family are moved to another room. It may, however, relieve the mind of the patient as to the seriousness of his own case if the normal furnishings of the room are not greatly changed. The sight of piles of mending, etc., will probably be very detrimental to recovery if the patient is the homemaker herself. In cases of illness, mental rest is as essential as physical rest.

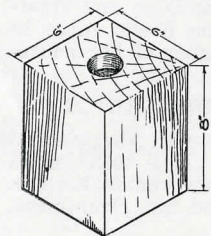
Good, continuous ventilation without drafts is important in cases of illness. Where it is not possible to have a screen for the sick room, one may be improvised by covering a clothes horse or chairs with a blanket, shawl, or sheet. A board about one foot wide and as long as the window is wide may be propped on edge at an angle on the window sill to prevent a draft from the open window. A muslin covered frame may be made to fit the opening when the window is raised. In many cases, it may be wise for the nurse to open the windows wide twice daily to flood the room with fresh air. This may be done after the morning bath and

again at night. It would be essential, of course, for the nurse to protect her patient from a direct draft or the cold, possibly by using extra blankets until the room is warm enough again for his comfort.

Protection of the patient's eyes from a glare or bright light is essential. Sometimes when lights or lamps are not sufficiently shaded it is possible to improvise a shade from heavy wrapping paper or newspaper. Care should be taken not to allow a paper shade to catch fire. Newspaper is particularly inflammable.

A room temperature of 65 to 70 degrees in the day time and 55 to 60 degrees at night is usually best. In the case of a very restless or delirious patient, whom it is difficult to keep covered, or in the case of an aged person, or one in a decidedly weakened condition, it is better to keep the room temperature up to 70 degrees.

The bed is the most important piece of furniture in the room. A single or three-quarter metal bed high enough so that the top of the mattress is 26 to 32 inches above the floor is ideal. It is most convenient for the nurse and, therefore, most comfortable for the patient.



An ordinary bed may be raised by elevating its corners with blocks. These blocks should have indentations in them into which the casters fit. The blocks should be large enough and level on the bottom to keep them from being wobbly and the indentations should be deep enough to prevent the bed from slipping. Or, the bed may be raised by putting a soap box under each of the four corners of the springs.

If, as is sometimes the case in surgical or fracture cases, a firm flat surface is needed, two table leaves or similar boards may be placed crosswise of the bed between the springs and the mattress. If one wider board is desired, a door may be placed lengthwise of the bed between the mattress and the springs. A firm, hard mattress is less conducive to bed sores than is a softer mattress.

If there is room and they are available, two small tables will be handy in the sick room, especially in the case of a convalescent patient. One of these can be for his use and the other for the use of the nurse. The nurse's table always should be placed out of reach of the patient, for on it should be the medicine bottles and the sick room record, to neither of which the patient should have access. If a lamp is used for lighting, it should be placed on the nurse's table also, especially if the patient is delirious or semi-delirious.

If the nurse has to be with her patient constantly, a cot or an extra bed is necessary. She ought never to attempt to sleep in the same bed with her patient. If a cot makes the room too crowded, it may be pushed under the patient's bed in the day time.

A chair for the nurse is necessary. If the patient is well enough to have visitors, then a chair or two should be provided for them. Having chairs for the visitors will do away with the possibility of their leaning or sitting upon the patient's bed. Avoid squeaky chairs.

DAILY ROUTINE IN THE SICK ROOM

The daily routine in the sick room will vary with the nature of the condition being treated. Generally speaking, one might say always offer the bed pan or urinal the first thing in the morning. Then take the temperature, wash the face and hands, brush the teeth, and straighten the hair. Straighten the room next, remove wastes and hot water bottles, not in use, and then serve breakfast.

Vitality is at its lowest ebb early in the morning. If the patient is in the habit of waking very early, it might be well to offer him a hot drink or nourishment at that time. The drink or nourishment may be conducive to his going to sleep again. Breakfast can then be served at the usual hour.

A period of rest would be best for most patients following the exertion of breakfast. Then could come the bath, straightening or changing of the bed, and cleaning of the room, followed by another period of rest.

Meals, of course, would be served in accordance with the physician's instructions as to their content and frequency. The physician should state also when and for how long the patient ought to sit up. The evenings, however, should be kept as free from excitement as possible so that the patient will not be stimulated to the point of being unable to sleep.

Before the patient settles down for the night remove any flowers from the room, offer the bed pan, wash the face and hands, or possibly give a sponge bath. Brush the hair, cleanse the mouth, and perhaps change to the night sleeping garment. Brush the crumbs from the bed and tighten the draw sheet. Rubbing the back with alcohol is very restful and relaxing to a patient who has been in bed all day, and this may be conducive to sleep. Follow this rubbing with talcum powder since it tends to help keep the skin pliable when alcohol rubs are given frequently. If the feet are cold, placing a hot water bag, or a cloth bag filled with hot cornmeal or salt or a heated brick in the bed may help the patient sleep. In some cases people have used glass fruit jars filled with hot water. There is an element of danger in this, however, for helpless patients have been blistered badly at times when these bottles have leaked or have been broken. Even though the water in them is not extremely hot, the steam formed by the leakage of this very warm water under the covers has caused serious burning of the patient. Possibly it may be necessary to give a hot drink to induce sleep. After the patient is settled for the night, nothing should be done in the room in order that there may be absolute quiet.

MAKING OF THE BED

A bed with about the same dimensions as a hospital bed will make the care of a sick person easier for the nurse as well as the patient. The nurse can work much more easily over a single or three-quarter bed than she can over a double bed. In some of the larger towns and cities it is possible to rent a hospital bed and mattress at a nominal weekly rate. If this is impossible any type of bed may be raised by placing blocks under each leg which will help a great deal.

Placing the bed away from the wall makes it accessible from all sides. This will help to avoid the pain which moving the bed may cause some patients.

In making the bed to receive the patient, turn the mattress, then cover it with the lower sheet, mitering it at each corner in order to hold it as smooth as possible.

Next, protect the bed from discharges with a rubber sheet 32 to 36 inches long (long enough to reach from the lower edge of the pillow to just below the patient's knees) and wide enough to be tucked in securely on each side. If it is impractical to have a rubber sheet and yet it is necessary for the bed to have protection, a piece of oil cloth free from holes, or even wrapping paper or newspaper may be used. In using papers fasten several thicknesses of them together, cover with a piece of old sheet or muslin, and quilt them together.

The care of the patient is made easier by placing the draw sheet next. This may be a sheet of ordinary size folded crosswise or lengthwise. It is placed on the bed with folded edge toward the top, just under the pillow. It must be long enough to extend about four inches beyond the rubber sheet at the top and bottom, and wide enough to be tucked in at each side of the bed and be held perfectly smooth under the patient. This draw sheet is helpful in keeping the bed smooth, in protecting the mattress, and may be useful in lifting the patient.

The top sheet is then placed, tucking it in securely at the foot and allowing enough length at the top to fold back for protection to the blanket. Light weight blankets or other covers are more comfortable than heavy ones. They are more sanitary than quilts which cannot be washed. A covering which cannot be washed with soap and water and hung in the sun may be a source of infection for a long time in case of such diseases as diphtheria, typhoid fever, tuberculosis, etc. The spread, too, should be light in weight. A sheet may serve very nicely. It is well in most cases to provide at least two pillows.

BATHING THE PATIENT

It is usually a good practice to bathe the patient before attempting to change or remake the bed.

Even though the sick person is able to get out of bed to bathe in the bath tub, it is well for the nurse to see that everything is ready in advance, and to plan to be in constant attendance. It may be well for her to assist with the actual bath, since in many cases this will prove to be too much of an exertion for a weak patient. If another member of the household can turn the mattress and remake the bed while the bath is in progress, there will be no delay in getting the patient back to bed and rest after this effort. If the home nurse has no one upon whom to depend she can remake the bed after her patient has gone back to it.

To give the bath to her patient in bed, the home nurse must see to it that the room is warm, that there are no drafts, and that she has all of the bath articles as well as the fresh bed linen on hand. In the winter it may be well for her to place the sheets and bath towels to warm while she is working. If her own hands are cold, she ought to warm them by immersing them in warm water for a while before beginning the bath.

She will need a pitcher of hot water as well as of cold water, a basin, a slop jar, soap, three bath towels, wash cloth, articles for cleansing the mouth, and a bath blanket. The blanket on the patient's bed will serve as a bath blanket if an extra one is not available. A bottle of rubbing alcohol and some toilet powder will add to the patient's comfort. Unless the patient is extremely weak so that it is necessary to make the bath as short as possible, a comb and brush, scissors and nail file will be useful additions to the list of toilet articles. Place all on a table or chair near the bed. If the hair and nails are not cared for at the time of the bath, they should be cared for later in the day. If the hair becomes tangled, soak it in rubbing alcohol and brush and comb it while it is wet, working upward from the ends. Put a towel under the head to protect the bed.

Loosen all of the bed clothes at the foot of the bed. Remove and fold the spread. Remove all covers except one blanket and the top sheet. If you are working over a double or three-quarter bed, move the patient toward the edge of the bed, always moving him toward you, since this is reassuring to him that you will not let him fall. Place the bath blanket on top of the bed and strip down the blanket and top sheet from underneath. If the bed blanket is to be used as a bath blanket, then strip down just the sheet from underneath. Remove all but one pillow. When unable to have a change of bed linen, the sheets can be

freshened by hanging them to air in another room or out of doors. Pillows may be freshened in the same way, too.

Remove the sleeping garment next. Have the patient lie on his back with knees flexed in order that the gown may be drawn up to the hips. Next, by raising or having the patient raise the hips, the gown may be drawn up above the waist. Raise the head and shoulders with one arm and draw the gown up to the neck with the other hand. After removing one sleeve, draw the gown over the head and off of the other arm. During a long illness it is helpful to have the sleeping garments open the full length of the back. This also means a saving of strength to the weakened patient and comfort to one to whom moving means pain, or who has to have frequent examinations by the physician.

With the patient lying on his back, begin the bath by washing and drying the face, neck, and ears. Throughout the bath, work from one side of the bed only. Use the whole hand, not just the fingers, with firm yet gentle strokes in administering the bath. Place one of the bath towels under each part of the body as it is being bathed. Keep the corners of the wash cloth gathered up in the hand to prevent dripping water on the patient. Change the water frequently enough to keep it at a comfortable temperature—about 105 degrees, which is a little above body temperature. Dry each part of the body and rub it with alcohol as you go. Use the powder on the body after rubbing to insure perfect dryness and to help prevent cracking of the skin. Give a special rubbing with alcohol to any parts upon which there is pressure as the patient lies in bed. This tends to prevent bed sores inasmuch as rubbing stimulates the circulation of the blood, and the alcohol tends to harden the skin. Do not use towels when they become too wet.

Next, bathe and dry one hand and arm, and then the other. Use the towel for protecting the blanket while the chest and abdomen are being washed. Uncover the legs, one at a time, and have the patient flex the knee while each leg is being washed. Each foot may be washed as each leg is being washed, or it may be soothing to the patient to be allowed to put his feet into the basin of water. If this is done, protect the bed by placing a rubber sheet or newspapers under the basin and have the patient lie on his back and flex the knees to put the feet in the water. (If a medicinal foot bath has to be given at any time, or if a foot bath seems desirable for warming the patient's feet, this same method is used. In these cases the legs and basin are covered with a blanket tucked in carefully on all sides while the feet are soaking in the basin.) Be careful to clean and dry well between the toes.

The genital region is washed next, either by the patient, if able, or by the nurse. For this, the patient may lie upon his back with the knees flexed and separated, or upon one side with the knees flexed and one slightly raised. Then turn the patient on one side and wash the back, the buttocks, and the upper part of the thighs.

The order of the bath may vary with different patients, and with the amount of moving and turning which the patient can stand. In any event, turn the patient just as little as possible, and work as rapidly as possible. Avoid chilling the patient. If he seems enervated by it, or is cold, it may be necessary to stop the bath, to give a hot drink, and to apply hot water bottles to the feet or other parts of the body.

Unless the doctor orders otherwise, every patient should have a complete cleansing bath each day. Bathing "stimulates and equalizes the circulation, is soothing in feverish conditions, is refreshing to most people, and by affording a certain amount of exercise, it lessens the fatigue of lying in bed."* It keeps the pores open and the skin in good

* P. 193, American Red Cross Text Book on Home Hygiene and Care of the Sick, Delano.

condition, lessening the likelihood of bed sores. It helps the patient to pass the time, too, and to keep his mind off of his troubles.

If the patient is extremely weak, it may be well to slip the fresh sleeping garment over the head during the process of the bath, putting on one sleeve before turning to wash the back. Put it over the head and onto the other arm after the back has been washed. If the patient is able to stand the extra bit of moving, however, it may be well to wait until the bath has been entirely completed before putting on the sleeping garment.

CARE OF THE MOUTH

It is especially important to give the mouth and teeth good care during an illness. If he is able the patient may brush his teeth in the morning, at night, and after each meal. If a small curved mouth basin is not available, any small flat basin will be handy for receiving the used water. If the patient is unable to brush his own teeth, then the nurse should do it for him, washing her hands thoroughly before and after doing this. Make a cotton swab on the end of a pencil or stick of similar size, or wrap the index finger in gauze. Dip the swab or gauze in the cleansing solution and then brush the teeth from the gums toward the biting edge. Clean the tongue and the roof of the mouth, using a fresh piece of gauze or a clean swab each time in dipping into the cleansing solution. Place the used swab or gauze in a paper sack to be burned. Allow the patient, if he is able, to rinse the mouth frequently with some sort of antiseptic mouth wash. One teaspoon of salt in a pint of water makes a good mouth wash. In cases of fever especially, a mixture of two teaspoons glycerin, one teaspoon peroxide, and the juice of one lemon makes a good mouth wash. After swabbing the mouth with this, have the patient rinse the mouth with warm salt water.

Dental floss should be used to dislodge any particles of food between the teeth, but the use of toothpicks should be discouraged both for well and sick, since they are likely to injure the soft tissues around the teeth.

REMAKING THE BED WITH THE PATIENT IN IT

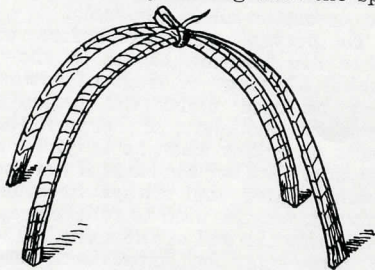
Before taking time to put away the bath articles, the bed should be remade in order to allow the patient to rest as soon as possible. While he is still in the position in which he has had his back washed, make the side of the bed nearest to you, leaving him covered with the blanket. Remove the pillow. Loosen the lower sheet, rubber sheet, and draw sheet, and fold each one over and over separately, pushing them in close to the patient's body. Then place the fresh lower sheet on this cleared half of the bed, mitering the corners top and bottom, and tucking it in at the side of the bed, and as far as possible at the top and bottom. Place the folds of the remaining part of the sheet under the soiled linen close to the body of the patient throughout the length of the bed.

Bring the part of the rubber sheet which has been folded close to the patient's body back into position and tuck it in securely. Then proceed to put on the fresh draw sheet, handling the excess section of it in the same manner that the extra part of the lower sheet has been handled, tucking it in securely at the side of the bed, too. The sheet which has served as an upper sheet on the bed may be used as a draw sheet, if it is desirable to economize on bed linen.

Flatten out the ridge of bed linen close to the patient as much as possible, and move him back to the remade side of the bed, as usual moving the patient toward instead of away from you and retaining the blanket as a covering. Quickly remove the soiled bed linen and smooth the lower sheet, rubber sheet, and draw sheet into position, tucking them in carefully on all sides.

Place the pillows next, taking care not to hold the pillow in the mouth while changing the pillow cases.

Put on the fresh upper sheet, being careful not to create a draft with it in placing it on the bed. Draw out the blanket which has covered the patient, and, after quickly tucking in the upper sheet at the foot of the bed, replace this blanket or another one. Put on the spread and protect the blanket by folding both the spread and the sheet over it at the top.



using the cradle, the bed clothes may be brought over the foot of the bed and pinned in place.

If the patient feels that the bed clothes are heavy on the feet, or that they are drawn too tightly, two lengthwise folds may be made in the upper coverings over the feet before they are tucked in at the foot of the bed. A bed cradle may be used to support the bedding or one may be improvised by crossing two halves of a barrel hoop (the hoop being bound with gauze or muslin) and tying them at the crossing. Instead of

CLEANING THE ROOM

After settling the patient to rest, remove the bath articles as quickly and quietly as possible and straighten the room. Disorder in the room is not conducive to quiet and rest. If the patient is able to stand the additional confusion, this is usually a good time in the day's routine for cleaning the room.

Stir up as little dust as possible. Use a vacuum cleaner if it is available, and its noise is not annoying to the patient. Where no vacuum cleaner or other carpet sweeper is to be had, cover the broom with a damp cloth, or dampen the broom itself. In some cases damp sawdust or bits of dampened paper may be sprinkled on the floor before sweeping. Oil mops, dustless dust cloths, or dampened dust cloths are useful. For sanitation, as well as to prevent annoyance to the patient, the sick room should be kept free of flies.

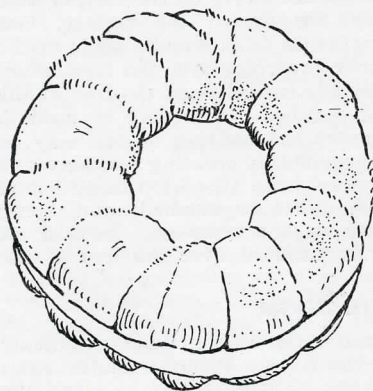
BED SORES

The prevention of bed sores should be uppermost in the home nurse's mind at all times. Bed sores may become a more serious care to the nurse than the original ailment of the patient, for it is very hard to prevent the sores from becoming infected. They cause a great deal of added suffering. In most cases, bed sores are a disgrace to the nurse, although with a thin, aged, or very weak patient it is sometimes impossible to keep these sores from forming. In fact, it is almost impossible to prevent them in cases of paralytic or diabetic patients.

Bed sores occur mostly where there is continued pressure on a bony prominence, such as at the end of the spine, on the heels, ankles, knees, hips, elbows, and shoulders, although they may occur in other spots as well. They may be prevented by keeping the skin clean and perfectly

In making the bed to receive the patient, turn the mattress, then cover dry; by keeping the bed dry, clean and free from wrinkles and crumbs; by changing the position of the patient frequently; by protecting these bony prominences from pressure; by washing these bony prominences as often as necessary, and by rubbing especially with rubbing alcohol to keep up a good circulation of the blood and to harden the skin; and by using a little toilet powder on them, following this washing and rubbing, to insure absolute dryness.

The nurse must at all times be very watchful of the parts of the body where these sores are most likely to occur. If any spot shows redness or a dark discoloration similar to a bruise, she would do well to report the condition to the physician, to treat it, and to take steps to reduce the hours of pressure on that spot. In treating it, if the redness is only slight, gentle rubbing with alcohol may help, this being followed by the application of talcum powder. If the skin seems dry or likely to crack, the application of zinc ointment or castor oil is advisable.



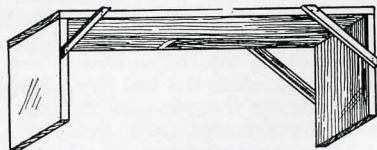
To prevent pressure before or after discoloration begins to show, rubber air rings or rings of cotton may be used under the patient's back or shoulders, or between the knees or ankles when he is lying on his side. Rubber air rings if not too much inflated, and always smoothly covered, may be used to relieve pressure from the end of the spine. One of these may be improvised very satisfactorily by making a ring of ordinary cotton batting and winding it with strips of muslin. Smaller rings may be made in a similar way for relieving the pressure from the heels, elbows, and other parts.

If the skin does become reddened, rubbing should be done carefully and not too vigorously, for there is always danger of breaking the skin. If a break occurs in the skin, it must be reported to the physician at once and treated according to his instruction.

APPLIANCES FOR THE COMFORT OF THE PATIENT

In some homes where there has been a great deal of sickness, there may be found articles and appliances which contribute materially to the comfort of the patient who has to remain in bed over a long or short period of time. In most homes, however, illness comes so unexpectedly that it may be well for the home nurse to know of a few things which she can do to make her patient comfortable. In addition to the screen, as mentioned before, or the pads for relieving pressure, or the bed cradle, the following list is suggestive:

1. A pillow folded and placed at the back helps to support a patient lying on his side. A pillow placed between the knees gives comfort, too. It helps the patient to relax if it is placed under his knees when he is lying on his back.
2. A bed table to fit over a patient's body may be made from a wooden soap box from which three sides have been removed. Instead of this, an extra pillow can be placed on the bed at the side of the patient and the tray put on it.
3. A suit case, a chair, or a wash board may be propped up in the bed to serve as a back rest as the patient sits up in bed. The chair should be placed bottom side up with its legs resting against the head of the bed and its back forming the back rest. It would be well to wrap the legs of the chair or of the wash board to keep them from scratching



the head of the bed. Pillows should be placed on any of these backrests with other pillows to support the patient's arms. A pillow for a knee rest or foot rest may be advisable to keep the patient from slipping down in the bed when propped up. This pillow can be wrapped in a sheet diagonally placed, and the ends of the sheet tied under the bed to keep it from slipping. A soap box may be placed at the foot of the bed under the covers to prevent the patient's slipping.

4. A hot water bottle filled with cool water may be used to support the small of the back.
5. Sometimes a patient who attempts to get out of bed is restrained from doing so by folding a sheet diagonally into a narrow strip, placing it across the chest and under each arm, and tying each end to the head of the bed. Sometimes the pressure of this on the chest is the cause of the patient developing pneumonia. A better method consists of using about $2\frac{1}{2}$ yards of 2-inch bandage, or of a 2-inch strip of muslin. At about the middle of the strip wind it twice around the patient's wrist and tie a surgeon's knot. Twist the two ends together loosely and about 12 to 20 inches from the wrist tie another surgeon's knot. Then tie the ends to the side bar of the bed. Repeat this for the other wrist and for each ankle.

HANDLING OF THE PATIENT

To lift a patient, flex your knees instead of bending over. Grasp the patient under the right arm and have him place his right hand on your right shoulder. Flex your knees and lift, with the patient giving as much assistance as possible by putting his weight on your shoulder.

When two persons lift a patient from the bed, both stand on the same side. First person places one arm under the shoulder of the patient and the other arm under the hips. Second person places one arm under the buttocks and the other arm under the knees. Then they lift, carry, step, bend, and lower the patient in unison.

In using pillows to prop a patient up in bed, always place each succeeding pillow in back of the one already placed. When arranged in this way, they are less likely to slip and they leave the patient in a better posture for breathing.

To turn the "patient toward you, place one hand over his farther shoulder and the other over his hip, and turn him toward you. Flex his knees sufficiently to give relaxation and comfort. To turn a patient from you, pass one hand as far as possible under the shoulders, and the other as far as possible under the thighs. Raising the patient slightly, draw him back toward you, turning him at the same time and flexing the knees." * This latter method of turning is not used when a patient is to be moved toward the edge of the bed, but when changing the position in bed.

To change the patient's pillows, "stand preferably on the right side of the bed and slip the left arm under the patient's shoulders, supporting his head in the hollow of the arm. Raise him slightly, and remove the pillows one at a time with the right hand, drawing them outward on the far side of the bed. Place a small pillow under the head. Shake the pillows, change the cases if necessary, and place them on the far side of the bed, ready to be drawn back into position" * by the right hand as the head is again supported by the left arm.

* Page 57, Home Hygiene and Care of the Sick, Delano.

* Page 58, Home Hygiene and Care of the Sick, Delano.

When the physician has left instructions that a patient may sit up, draw a chair, which will support head and arms, close to the bedside and facing the foot of the bed. Put pillows at the back and in the seat, and cover the chair with a blanket, placing this over the seat of the chair. Slip a bath robe or coat on the patient and also stockings, and slippers or shoes. Help the patient to sit on the edge of the bed. Stand in front of him and give support by holding him under the arms while he stands on his feet and slips into the chair. Wrap the blanket around his feet and legs. If the chair is a rocker, it may be well to slip pieces of wood or piles of magazines under the rockers. These may be used as a foot stool, too, if desired. If assisting a patient into a wheel chair, be sure to keep chair from rolling as the patient lowers himself into it.

SOME OF THE TREATMENTS

One of the first things for the home nurse to learn is to take the temperature and to count the pulse. After shaking the thermometer down, place it under the tongue and ask the patient to keep his lips closed. Leave for three to five minutes, depending upon the thermometer. Read and record. Wipe off and place in boric acid solution or strong salt solution.

In the case of small children the temperature sometimes must be taken per rectum. After shaking the thermometer down, oil the bulb with vaseline and insert into the rectum, holding the child so that his movements will not break the thermometer. The normal temperature taken in this way registers one degree higher than if taken by mouth and is, therefore, 99.6 degrees instead of 98.6 degrees.

Sometimes the thermometer must be placed in the arm pit, the arm being held across the chest. The normal temperature taken by this method registers one degree lower than that by the mouth and is 97.6 degrees.

The pulse is counted by placing the first two fingers over the artery on the thumb side of the wrist, and counting the beats, a half minute at a time.

Always warm the bed pan by allowing warm water to stand in it a minute or two before presenting it to the patient. Be sure the part which is to touch the patient or bed is dry. Have the patient lie on his back and flex the knees while you slip one hand under the spine to support it and place the bed pan in position with the other. It may be best to slip a soft pad between the back and the pan, and a roll or small pillow under the small part of the back. Be sure that the pan is in the proper position. It may be well to protect the bed by placing paper from under the front edge of the bed pan to the back of the patient's knees. When the patient is through using the pan, be sure that either you or the patient have cleansed and dried all parts. Remove the pan by slipping one hand under the spine again while you remove it with the other. Taking the precaution of slipping the hand under the spine is another measure helpful in the prevention of bed sores. Pull down the sleeping garments and be sure that the gown and bed are clean, dry and smooth. Note the contents of the pan and mark on the patient's record, if the physician has requested that such be kept. This information is often valuable, especially if anything unusual has been excreted.

If no bed pan is available, any wide lipped basin may be substituted by balancing it against a pile of magazines. Precaution must be taken in this case to prevent the basin spilling and necessitating the changing of the draw sheet and possibly the under sheet. A discarded bottle or jar may be substituted for a urinal.

In giving a soap and water enema, prepare this by placing the bar of soap in a pitcher or bowl of hot water and stirring it until the water has a pale milky tinge. Never cut the soap into small pieces in preparing this because these may remain undissolved and clog the syringe or be irritating to the patient. Have the water a little hotter than is needed while getting it ready in order that it will not be cooler than body temperature (about 98 degrees) when the treatment is given. When the syringe bag has been filled, open the snap and let a little of the solution run through to make sure that all air has been expelled from the tube. Injecting this air may cause pain to the patient. The nurse should also let any cool water be discharged from the tube to make sure that only warm water is to be injected.

Do not disturb the patient until ready to begin and do not let him anticipate the treatment for very long. Protect the bed with a rubber sheet or papers covered by a draw sheet or towel placed under the patient's hips. Have the patient lie on his left side with knees flexed and head low. Cover the upper part of the body and draw hips near to the side of the bed from which the nurse is working. Have a bed pan or a commode handy. When using these, be sure they are not tilted. A narrow, flat, firm bed helps to make the giving of an enema more successful.

Anoint the hard rubber tip of the syringe with vaseline by rubbing it on with a piece of clean paper, not by dipping it into the vaseline jar. Hang the bag or can not more than two feet above the patient. Insert the tip gently into the rectum, allowing the solution to run slowly while it is being inserted. If there is a desire to expel this as soon as it is begun, shut it off for a minute, pressing the buttocks tightly together and encouraging the patient to relax the abdominal muscles. Then start the flow gently again. A grown person should take one quart or less, a small child one-half pint or less, and a baby one to two ounces. Give the bed pan immediately, but encourage the patient to hold the solution for a few minutes if possible. It may be well to protect the upper sheet by bringing newspapers or a rubber sheet up from under the front edge of the bed pan against the back of the legs to the bend of the knee. It may be necessary to give the enema to the patient on the bed pan or else have an abundance of protective padding on the bed.

Never pour boiling water into a hot water bottle. It may burn the patient or spoil the rubber. The water should be of such a temperature that it will not scald the patient if the bottle breaks or leaks. Fill the bottle not more than two-thirds full, and squeeze bag to expel the air before screwing in the stopper. Make sure that there is no leak by inverting the bag. Wrap in a towel or place in a bag cover.

In using any kind of hot applications, the danger of burning the patient must be kept uppermost in the nurse's mind. For an unconscious patient the water used for filling the hot water bottle should never be of a temperature higher than 130 degrees F., which would be quite hot to the touch but would not burn. The nurse should test this by holding the filled bottle next to some tender part of her body, such as the upper part of her arm or her neck for a full minute. Never put a hot water bottle next to the body of an unconscious patient. Put it outside of the blanket.

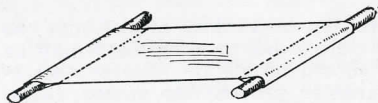
When enough hot water bottles are not available, bricks may be heated in hot water and used. Heated salt, sand, or corn meal may be put into cloth bags. These hot packs should be given under the direction of a physician. Care should be taken to prevent the patient being burned, and avoid his taking cold afterward.

If an ice cap is necessary and not available, the ice may be put into a hot water bag. A little warm water poured over the cracked ice will do away with the sharp corners which may puncture a rubber bag. Using about one-third as much sawdust or meal with the cracked ice will make it last longer. Always wrap a towel or cloth (do not pin, as a pin may puncture the bag) around an ice bag before applying it, to keep it from freezing the skin. It is sometimes necessary to place a hot water bag to the feet while an ice cap is being applied to the head. If neither a hot water bottle nor an ice cap is available, cold compresses may be used.

Hot or cold packs or applications should be given only at the direction of a physician, for the consequences may be serious if the wrong kind of application is used. In some cases of pain and inflammation, the tendency of the home nurse is to use hot applications when in reality a cold application is the only safe thing to use, and vice versa. A home nurse or a "practical nurse" ought never to go beyond the physician's instructions. It would be better for these nurses to ask the physician too often rather than too seldom for instructions.

Sometimes the physician orders stupes or hot fomentations. These are administered after the skin of the area to be treated has been oiled or greased. Wring thickly folded cloths of flannel, flannelette, or bath towels out of hot water and apply them to the skin—any of these being folded to a size somewhat larger than the area to be treated. Sometimes the water is medicated with turpentine, laudanum, mustard, etc., as ordered by the physician. There should always be two of these stupes, as it is necessary to have another ready to apply before one is taken off. They must be wrung very dry before being applied to avoid scalding the patient. Allow some of the steam to escape and apply them gently to the area to be treated, the nurse placing her hands between the hot stupe and the patient's body, and lifting it and lowering it several times until the patient becomes well enough accustomed to the heat to permit her to withdraw her hands. Burning must not occur. To be effective, the hot stupe must be covered with a piece of rubber cloth, or with several thicknesses of oiled paper and a thick cotton pad or pieces of flannel placed on top. All of this should be held in place by a bandage or towel rather loosely applied.

The hot stupes may be wrung dry by lowering a bath towel into the pan of hot water in which the stupes are being heated, taking care to have the ends of the towel remain out of the pan and having them kept dry. Place the stupe on top of the towel in the water to be heated, lift out of the water on the towel and wring dry by twisting the dry ends of the towel tightly in opposite directions. It may be possible to wring these drier if a stupe wringer is made of a piece of heavy muslin or canvas, long enough to dip into the water and to extend beyond the edges of the pan. Sew a wide hem securely into each end of this, and insert a piece of broom handle in each hem, using these as handles for wringing the stupe very dry after it has been heated in the water. An ordinary clothes wringer will wring the stupes dry and help cool them slightly. Remember to give these treatments only under the direction of a physician or a trained nurse.



If cold compresses are prescribed, these may be made for the head or the throat by folding an old handkerchief or piece of soft cloth to the desired size, taking care to fold the ragged edges inside. Two of these

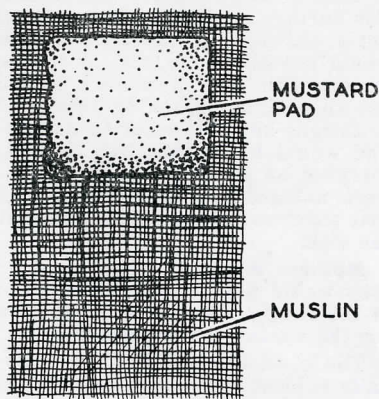
should be provided, also. These may be wrung out of very cold water, taking care not to handle them enough to warm them with the heat of

the hands. A better way would be to place a piece of ice in a colander or strainer placed over a bowl or on a piece of cheese cloth tied over a bowl. Cool one compress on the piece of ice and wring it so that it will not drip, and then apply to the area to be treated. In the meantime allow the other compress to cool on the piece of ice.

Compresses for the eye may be made by folding several thicknesses of gauze or soft cloth and cutting this into squares a little larger than the eye. If there is discharge from the eye, each compress should be used but once and dropped into a paper sack to be burned. Separate compresses should be used for each eye, if both are being treated. In case of discharge, the home nurse must be careful not to handle these soiled compresses any more than is absolutely necessary, and not to put her hands to her own face and eyes while giving the treatment. She should take precautions to wash her hands thoroughly with soap and water before doing anything else at the close of the treatment. Carelessness in regard to these points may cause the infection to spread to herself or to others. If there is the least suspicion as to any condition being infectious, the advice of a physician or trained nurse should be sought.

Mustard plasters may be prepared by mixing dry mustard and flour with enough cool water to make a smooth paste, free from lumps. Use one part of mustard to six of flour for adults and six to ten parts of flour if the plaster is to be used for children. Spread this on a piece of muslin as is shown in the accompanying diagram.

Fold the edges of the cloth over the mustard covered section on all four sides. Apply to the desired area, placing the thin side of the folded plaster next to the skin, first anointing the skin with sweet oil or vaseline to prevent blistering. Lift the edge of the plaster frequently to note when the skin begins to redden in order that the plaster will not be left on too long or until blistering occurs. Remove as soon as the skin is reddened to the shade of a moderate sunburn. If the skin feels badly irritated, it may add to the patient's comfort to cover the reddened area with a piece of soft cloth to protect it from the air. The home nurse may follow these instructions in making mustard plasters, but the physician should be relied upon to say when and where they are to be applied on the patient.



THE HOME NURSE HERSELF

The habits and characteristics of the nurse are of great importance to the welfare of the patient. She must keep herself in as good physical condition as possible—not only to be able to give her patient the very best care possible, but also to avoid an extra case of illness which her family might have to endure, should she allow herself to break down. An exhausted, sleepy nurse is unfit to be trusted with the care of a patient. Going without food and sleep is not the proof of real devotion which some home nurses claim it to be. If possible, it is best for the home nurse to give up all other household duties, to take advantage of any free time during the day for rest and relaxation, and

to take some time each day away from the sick room and out of the house. If she can manage to have a thoroughly good time during this recreation hour, she may be doing her patient a great service. She must at all times avoid carelessness which might spread infection to any other member of the family.

In cases of illness where a member of the family is to take care of the patient, it is best to appoint some one member to carry this responsibility. That person should be on hand at all times to receive the physician's instructions and should take the responsibility for seeing that these instructions are carried out. She should make out a schedule for the day. In leaving her patient in care of another during her recreation time, she should make a list of the things which are to be done during her absence. She should call for the crossed-off list upon her return.

A good home nurse would be observant, tactful, cheerful, and cool-headed, keeping control over her facial expressions, her voice, her tongue, her emotions, and her nerves. Through these things she would be able to help conserve her patient's nerve force. She would conserve this further by being careful to use an ordinary speaking voice (and not a whisper) in the sick room and outside the sick room door. She would not allow her patient too many visitors, and would allow none, except with the physician's permission. She would see that visitors use an ordinary speaking voice and that they do not stay long enough to fatigue her patient or to use up the supply of fresh air in the room. She would know that her visitors were not bringing in bad news or carrying on a conversation which would be disturbing, and that they were not going to discuss the patient's illness. She would remember that surprises of any kind, pleasant or unpleasant, are seldom good for the sick.

Mothers might be good nurses for their small children. However, they would not be good mothers or good nurses unless they were firm in the routine performance of those duties which were most necessary for the welfare of the sick child.

The good home nurse would be systematic in carrying through the daily routine of the sick room. She would anticipate the wants of her patient and attend to the small things which lend to his comfort. She would not bother him by frequently asking how he feels or by consulting him as to what he wishes to eat. She would be careful not to sit upon, lean against, or bump into his bed.

She would be neat and clean in her own person, bathing frequently and keeping her hair neat, and her finger nails short and clean and smooth. Jewelry would be in the way and is out of place in the sick room. Wash dresses are most suitable, because they can be kept clean and smelling fresh. Comfortable shoes add to the efficiency of a nurse.

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